

**MEAL BENEFIT FORM FOR SCHOOL YEAR \_\_\_\_\_**

Complete, sign and return the form to \_\_\_\_\_. Please read the instructions. If you need help completing this form, call: \_\_\_\_\_.

**1 CHILD'S NAME:**

**Last**

## First

**M.I.**

**FOR MEAL BENEFITS IN SCHOOL,  
FILL OUT THIS INFORMATION:**

**FOR MEAL BENEFITS IN CHILD CARE,  
FILL OUT THIS INFORMATION:**

**Child's Grade:** \_\_\_\_\_

**Name of Child Care Center:** \_\_\_\_\_

**OR**

**Name of School:** \_\_\_\_\_

**Name of Family Day Care Home Provider:** \_\_\_\_\_

**Name of Sponsor (if known):** \_\_\_\_\_

**FOR MEAL BENEFITS IN THE SUMMER FOOD SERVICE PROGRAM (SFSP), CHECK THIS BOX [ ]**

**2 Is this a FOSTER CHILD? (See the instructions) If this is a foster child, check here [ ] and write the child's monthly personal use income here: \$ . Go to section #5.**

**3 Are you getting FOOD STAMPS, TANF or FDPIR benefits for your child or, for Tier II day care homes, are you enrolled in any other eligible subsidized benefit program? List the CASE NUMBER. DO NOT complete section #4. Go to section #5.**

**Food stamp case number:** \_\_\_\_\_

FDPIR case number: \_\_\_\_\_

**TANF case number:** \_\_\_\_\_

**(For Parents of children in Tier II day care homes only) Other eligible program and case number:** \_\_\_\_\_

**4 ALL OTHER HOUSEHOLDS:** (Complete this part only if you did not complete sections #2 or #3) List all household members, including the child listed above. List all income. Go to section #5.

<b>Names</b>	<b>Current Monthly Income</b>			
Names of Household Members (include the child listed above)	Monthly Earnings from Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Monthly Earnings from Job 2 or Any Other Monthly Income
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$
9.	\$	\$	\$	\$
10.	\$	\$	\$	\$
11.	\$	\$	\$	\$
12.	\$	\$	\$	\$

## 5 SIGNATURE AND SOCIAL SECURITY NUMBER:

**PENALTIES FOR MISREPRESENTATION:** *I certify that all of the above information is true and correct and that the food stamp, FDPIR, TANF or other eligible program case number is current, correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the Meal Benefit Form and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.*

Signature of Adult: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
- \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Are you a family day care home provider applying for Tier I benefits? Y ☐ N ☐

Printed Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date: \_\_\_\_\_

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**Privacy Act Statement:** Unless you list the child's food stamp, FDPIR, or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR, or TANF office to determine current certification for food stamps, FDPIR, or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs.

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## 6 RACIAL/ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so:

Please mark one or more of the following racial identities:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Please mark one of the following ethnic identities: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity employer.

**For Official Use Only:**

Food Stamp/FDPIR/TANF or other eligible benefit program (tier II day care homes only) household categorically eligible free:

☐ Yes ☐ No

MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2

Total monthly income: \_\_\_\_\_ Household size: \_\_\_\_\_ Eligible: \_\_\_\_\_ NOT Eligible: \_\_\_\_\_

Eligibility Classification: Free \_\_\_\_\_ Reduced Price \_\_\_\_\_ Paid \_\_\_\_\_ Temporary: Free \_\_\_\_\_  
Reduced Price \_\_\_\_\_ Tier I \_\_\_\_\_ Tier II \_\_\_\_\_ Time Period:

Determining official: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:

Meal Benefit Form  
(Translated Version - Spring 2000)  
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